EXHIBIT 171

MODEL LETTER: ORGAN PROCUREMENT ORGANIZATION DENIAL--COMPETING APPLICATIONS

(**Date**)

Name of OPO Administrator
Name of OPO
Address of OPO
City, State, ZIP Code

Dear (**OPO Administrator**)

Thank you for your recent request for designation as an Organ Procurement Organization (OPO) pursuant to §1138 of the Social Security Act (the Act). To qualify for reimbursement under Medicare or Medicaid, organs which are procured from an OPO must have been procured from an entity designated or re-designated under the requirements specified under §1138(b)(1) of the Act. That legislation directs the Secretary to designate or re-designate no more than one OPO for each service area.

While your organization meets the standards for qualification as an OPO, we regret to inform you that your application has been denied. Since more than one qualified organization applied for designation within your defined service area, we utilized the following tie breaker factors at 42 CFR 486.316(a) in determining which OPO to designate or re-designate:

- Prior experience, including the previous year's experience in terms of the number of organs procured and wasted and average cost per retrieved organ;
- Actual number of donors compared to the number of potential donors;
- The nature of relationships and degree of involvement with hospitals in the organization's service area;
- Bed capacity associated with the hospitals with which the organizations have a working relationship;
- Willingness and ability to place organs within the service area; and
- Proximity of the OPO to the donor hospitals.

After careful review of the competing applications of OPOs for your defined service area, we have designated or redesignated (Insert name of designated or redesignated OPO) to

serve as the designated OPO for that area. Our decision to deny your application was based on the following specific factors:

(**List deciding factors**)

You may appeal the decision not to designate or redesignate you as the OPO for your service area under Centers for Medicare & Medicaid Services regulations at 42 CFR Part 498. The request must be submitted to this office (name, address and telephone number) within 60 days of receipt of this notice. Your request should state the issues or findings of fact with which you disagree and the reasons for your disagreement. You may also submit written evidence and statements that are relevant and other relevant material within a reasonable time after your request for reconsideration.
If you have any questions, please let us know.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)